



INTENT TO APPLY FOR FAMILY FOSTER HOME

****PLEASE COMPLETE AND RETURN TO YOUR SPONSORING CHILD PLACING AGENCY**

Applicant Last Name	First	Middle	() Home Telephone #	() Work Telephone #	e-mail address
Spouse/Co-Applicant Last Name	First	Middle	() Home Telephone #	() Work Telephone #	e-mail address

Street/RFD Address	City	ZIP	County	Child Placing Agency
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- Complete the following KBI/SRS Child Abuse Registry Check (CCL 002F)
- If a complete application for family foster home is not received within 120 days from the date this Intent was received, we will assume that you are no longer interested in pursuing foster care and your file will be closed.

K.S.A. 65-516 as amended by the 1985 legislature: All blank spaces must be completed, however, social security number is optional. Incomplete forms will be returned. If a person does not have a Maiden or Other name, mark N/A.

Circle Yes or No for each question below with regard to the persons listed on this form.

If answering yes, complete the information in this section.

		Name of person	Date	Court of Action and State and County
Yes No	Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children?			
Yes No	Had a felony conviction under the uniform controlled substances act?			
Yes No	Been adjudicated (found or determined in a court of law to be be) a juvenile offender, delinquent, or miscreant?			
Yes No	Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by SRS?			
Yes No	Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?			
Yes No	Had parental rights terminated?			
Yes No	Signed a diversion agreement involving child abuse or a sexual offense?			
Yes No	Been found to be a disabled person in need of a guardian or conservator or both?			

K.A.R. 28-4-125(c) requires the applicant to keep a copy of the completed form on file at the home. Type or print plainly using black ink. (Include all names each person used and/or uses)

(Names) Last	First	Middle	Maiden or Any Other Name Ever Used (Alias or Nick Name)	Social Security #	Date of Birth (MM/DD/YYYY)	Gender Male or Female	Race	Address - Street, City, Zip Code Home Phone #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

I/We the undersigned, am/are the person(s) named as applicant(s) above. The information given is true to the best of my/our knowledge. I/we also authorize the KDHE and its designated agent(s) and the child placing agent(s) to share information including criminal history from the KBI and Child Abuse/Neglect records from SRS pertaining to me/us and my/our minor children. A photocopy of this release is acceptable for authorization as is original.

Applicant Signature

Date

Spouse/Co-Applicant Signature

Date

I have reviewed this intent to apply for completeness and recommend that it be processed.

Signature of Child Placing Agency Social Worker

Date Received

()
Telephone#

Ext #

CPA Mailing Address

City

Zip